



Division of Developmental Disabilities Services
Assistance with Self-Administration of Medication

Supervised Field Medication Pass Observation

Staff Being Observed: _____ Site: _____ Date: _____ Time: _____ Observation #: ____/10

Steps	Satisfactory	Further Instruction Required	Comments
1. Positively identify the individual receiving assistance with medications. (Only works with one individual at a time).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Staff completes hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Individual completes hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Assist individual in gathering all necessary equipment (ie. drink, food, spoons, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assist individual to obtain medication and Medication Administration Record (MAR) from locked area.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Read MAR. Identify right medication . Check Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
7. Compare the pharmacy label to the MAR. Make sure all information matches.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Review purpose, dosage and side effects of each medication with individual.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Assist individual in preparing right dose at the right time . Sign count sheet for countable medications. Compare the pharmacy label to the label to the medication record again.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Assist with the administration of medication to the right individual by the right method . Make sure the individual is in the right position to receive the medication by the right route . (If oral) Make sure the individual swallows the medication.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Document medication assisted with on the MAR (initial and date medication cards). Compare pharmacy label to the medication record.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Assist individual in returning the medication & MAR to the locked storage area.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Complete hand hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	
Observer Name & Title: _____ Signature of Observer: _____		Medication Type: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Ear <input type="checkbox"/> Vaginal/Rectal <input type="checkbox"/> Eye	

One Medication Pass = One pass per medication assistance **TIME**. The number of individuals or the number of sites for which assistance is provided is irrelevant. For example: One individual receiving medications at 4PM and 8PM will provide the opportunity for 2 observations to be completed.